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TRICARE Northwest

Navy teaching program earns top accreditation

By Judith Robertson
Naval Hospital Bremerton
Public Affairs Officer

NAVAL HOSPITAL BREMER- TON -- The Puget

Sound Family Medicine Residency program at Naval Hospital Bremerton has received high marks from the Accreditation Council for Graduate Medical Education's Residency Review Committee. With the assignment of accreditation for a 5-year term, the teaching arm of the Naval Hospital was awarded the maximum interval

awarded by the RRC. The review committee uses scores of a minimum of three years and a maximum of five years.

The ACGME establishes national standards for graduate medical education by which it approves,

indicator of the RRC's assessment of the quality of the program," ACGME literature states.



Cmdr. Mark Daeley, MC, Developmental Pediatrician at Naval Hospital Bremerton and Lt. Mark Liu, MC, Family Medicine Resident assess newborn Mayson Littles prior to discharge. *(Photo by PH3 Rachel Bonilla)*

and continually assesses, educational programs under its auspices. "The survey inter-

val is an important The RRC looks at many aspects of each residency program before assigning accreditation. Duration of

training, faculty qualifications, the physical facility, and the educational program are some of the areas

looked at to assure the right type of education is being provided, by the right people, in the right setting.

Naval Hospital's program earned the top rating because of the "highly dedicated and talented teaching faculty who are committed to preparing our family medicine residents to care

for patients all over the world," said PSFMR Program Director Capt. Michael

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Seahawk 2002: testing medical response to terrorism

By Judith Robertson
Naval Hospital Bremerton
Public Affairs Office

The 'whup, whup, whup' of an incoming Army helicopter broke through the quiet sunny morning, and as if on cue, the action began. Thirty active duty staff members from Naval Hospital Bremerton, with various degrees of assigned wounds, began playing out scenarios created for them and taped to their bodies, as their part in the multi-national and multi-agency exercise, Operation Seahawk, July 16. As the chopper landed on the

hospital's helipad, litter bearers practiced loading patients into the specially designed Blackhawk, while the "injured" patients (supposedly delivered by the chopper), were triaged and sent by ambulance to Fleet Hospital Bremerton for care.

The exercise, designed to test community and military response to a terrorist attack and a 'dirty bomb' explosion, involved several counties, and included over 1,000 active and reserve personnel from the U.S. Army, Navy, Air Force, and Coast Guard. Personnel from the Canadian Defense Forces, the Korean Navy, and numerous Federal, state and local emergency response and law enforcement agencies were involved.

Running from July 15 - 26, the drill scenario began with a simulated terrorist attack on the Port of Tacoma and involved creating a foreign country out of U.S. Naval Magazine, Indian Is-

land, as it tested the response of dozens of civilian and military agencies.

The Naval Hospital became part of the action when the scenario caused an over flow of patients to local hospitals. Bed-space in the three-county area was determined by a clearing center at Harborview Hospital in Seattle. It was quickly determined that Naval Hospital Bremerton could handle 30 of the mock injuries.

While the Naval Hospital played a crucial role in the overall scenario, it was not a big enough piece to test all the systems the hospital wanted to test. So Lt. Cmdr. Michael Danenberg, MC, and the hospital's Disaster Preparedness Team added a few pieces.

"Our role in Seahawk was as a Casualty Receiving Facility, to exercise how we can help in a Puget Sound Disaster,"



Hospital Corpsman 2nd Class William Striffler assess levels of radiation on Hospitalman Courtenay Vincent during the Operation Seahawk exercise. This part of the scenario tested the new decontamination tent at Naval Hospital Bremerton. (Photo by JO1(SW) Stacey Moore)



Lt. David Surber, NC, emergency room staff member at Naval Hospital Bremerton assists in the triage process on "victim" Hospitalman Apprentice Romulo Cachuela, Jr. Cachuela was a mock patient brought in by helicopter during Operation Seahawk, a multi-national, multi-service exercise designed to test the interoperability of civilian and military assets in the Pacific Northwest. (Photo by JOC Tim Adams)

Danenberg said. "The expansion of this role (dirty bomb scenario at our own facility) was added to allow the rest of the hospital to be involved. By canceling morning clinic appointments, we allowed both parts of the exercise (casualty receiving and the training/dirty bomb combination) to proceed with relatively little interference with each other."

During the fast-paced

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MTFs benefit from grant to purchase car seats: available for loan

By Sharon D. Ayala
MAMC Public Affairs

TRICARE Region

11—Prior to the implementation of a newly established car seat program at Madigan Army Medical Center, parents of premature infants had to purchase specially made car beds that cost anywhere from \$60 to \$200. TRICARE only reimburses parents for these car seats if the infant is diagnosed with a medical condition other than his or her premature condition.

But thanks to a grant from the TRICARE Region 11 Lead Agent, come September 2002, 12 Dream Rider Car Seats will be purchased and distributed to military treatment facilities within the Region 11.

The car seats will be available for loan to parents of premature infants, who, upon evaluation, cannot use a conventional infant car seat because their airway integrity would be compromised in the sitting position using a conventional car seat.

“The car seat is gener-



Car seat safety photo by National Transportation. For more info. go to this website <http://www.nhtsa.gov/people/injury/childps/index.cfm> or www.nhtsa.dot.gov (photo by NHTSA)

ally only used for four to six weeks until the infant has better head control and subsequently, better airway integrity,” said Mrs. Susan Hicks, Head Nurse in the Neonatal Intensive Care Unit.

In the past, parent of these infants purchased the car seats from a local vendor who charged up to \$300 per car seat. The seats can also be purchased online, but can take days to arrive. This

can lead to additional days in the hospital simply because an appropriate car seat isn’t available.

“Now, we have these car seats that can be loaned to the parents on the spot,” Hicks said. “This eliminates the additional hospital days and cuts expense for parents, who are already stressed with the hospital bill and caring for a special needs infants.”

Hicks said that the ultimate goal is for one of Madigan’s car seat technicians to visit each MTF scheduled to receive a dream rider car seat and teach the medical personnel there how to properly install the seat.

“The medical facilities will also be provided our car seat loaner standard operating procedure and some pamphlets to help them advertise the new program,” Hicks said.



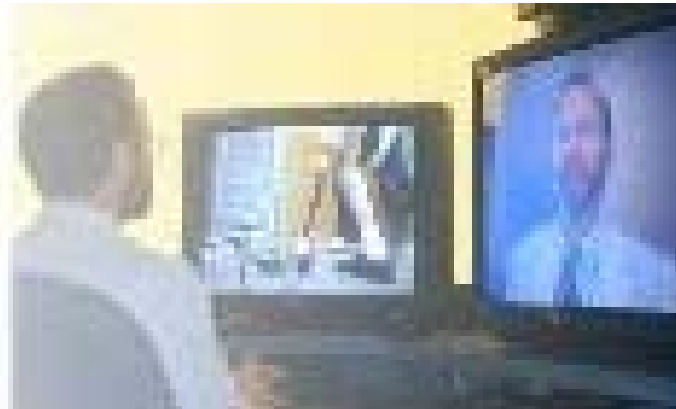
Telemedicine: TRICARE Northwest Region

By Brooke Evans Madigan
Army Medical Center

TRICARE Northwest Region--With the advent and expansion of telemedicine, military beneficiaries who receive their health care in any of this region's Military Treatment Facilities, can receive some types of specialty healthcare from Madigan Army Medical Center without traveling there.

Telemedicine utilizes electronic communications technology to exchange medical information from one site to another. Telemedicine can connect specialists to primary care managers or patients using computers and internet technology.

Telemedicine uses digital photo imaging and interactive video to open doors to specialty health care for patients across the medical community and throughout this TRICARE Region. There are currently three telemedicine projects available to regional patients, providers, and specialists: TeleBehavioral Health, TeleRadiology, and TeleDermatology. Each provide a secure channel of information exchange for doc-



Telemedicine brings doctor and patient together via computer.
(Photo from a telemedicine website)

tor and patient.

Teleradiology has been evolving here for several years. Teledermatology has been available across the Region for more than a year. Telebehavioral health is the newcomer, connecting patients, providers, and specialists for the last several months. Using telemedicine, primary care providers at one site, such as Oak Harbor, can send a consult to a dermatologist or behavioral health specialist at MAMC via the internet.

In the past, a patient who needed medical care from a specialist spent much of their time traveling between MTFs for a consultation. Now the entire process can be done electronically in these three specialties saving money and time

for both the patient and the healthcare system. The idea is to move information instead of patients, according to experts.

The process is quite simple and connects patients to doctors who provide specialty care. For example, if a patient at Everett Naval Medical Clinic needs to be seen by a dermatologist, the patient no longer has to travel to MAMC or Bremerton. Instead, a consult manager at the site {Everett} will photograph the patient and upload the images to be sent electronically across the web to a dermatologist or other specialist at Madigan. The images are downloaded; the doctor reads the patient's history, looks at the pictures and makes a diagnosis.

The advice and recommendations are then sent back to the clinic. This is completed in a quick and easy online form already prepared for the physician. If a diagnosis cannot be made, the doctor requests to see the patient in person.

Telemedicine makes care more accessible. It helps patients who require care that is unavailable in their community or MTF. For dermatology, it can cut wait times from months to days.

All images sent across the internet are 128-bit encrypted, which insures privacy of the record during transmission.

"Telemedicine is a technology of convenience," said Lt. Col (Dr.) Keith Vaughan, assistant chief of Dermatology Services at MAMC. Vaughan cited one reason he wanted to work at MAMC was because of this technology and the training he would receive.

The early stages of Telemedicine began with telecommunications in the early 1960's when the National Aeronautics and Space Administration (NASA) sent humans into space. Telemedicine has

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Air Mobility Command Flight Surgeon of the Year

By: Susie Stevens
OLA, Marketing

MCCHORD AIR FORCE BASE, Wash.-- Sometimes dreams really do come true. Look at the life and career, for example, of U.S. Air Force Maj. (Dr.) Eveline F. Yao, Chief of Flight Medicine of the 62nd Medical Group, McChord Air Force Base, Tacoma, Wash. Not only has she achieved the goal of leading a flight medicine department, she has earned the honor of being named the Air Mobility Command 2001 Flight Surgeon of the year.

"I think I have the best job in the Air Force", she says. If you ask her why, she'll tell you it's because she gets to do the two things she enjoys most in life which are, taking care of her patients and getting to see the world.

The Air Force regards Dr. Yao as one of their best too, honoring her for her many accomplishments since joining the 62nd Medical Group staff. She was the first group member to volunteer to deploy following '9-11' and has twice since been assigned to remote locations to provide forward medical support to air-

bases in theatre. She reorganized the bases' medical waiver tracking system, reducing lost flying time pending paperwork to zero, or the equivalent of two additional flyers for each squadron.

She has assisted in improving efficiency of



U.S. Air Force Maj. (Dr.) Eveline F. Yao, Chief of Flight Medicine of the 62nd Medical Group, McChord Air Force Base, Tacoma, Wash (U.S. Air Force Photo).

her clinic, as well, increasing acute care access by 30% by revamping the clinic's process for handling acute cases. As one of the 62nd Medical Group's Primary Care Optimization champions, she designed, built, taught and mentored flight medicine's first PCO team, resulting in a 27% improvement in productivity and a 30% improvement in access to care.

As a child, Yao had no idea what she wanted to do for a career, but by the time she went to Graduate School to study Biochemistry her focus became the "people-side" of science. She applied for a scholarship to help defray the cost of medical school and decided to join the Air Force.

At about the time she completed graduate school, she saw a vacancy at McChord AFB for a flight surgeon. She was chosen for McChord and became a Flight Surgeon. Her current job requires that she fly periodically so she is able to fly around the world to perform a variety of duties. She does this to experience what aircrews experience so she can better serve their medical needs.

"I became a doctor because I like the social aspect of my job and I enjoy being able to help people," Yao said. A very important part of her job is to actually experience what air crewman and women live with daily under frequent flying conditions. She studies first-hand what it can do to a person's health.

One key component of her job is to build trust between the people she

serves and herself as their doctor. She knows aircrew members appreciate the important role she plays in both their safety and their future in aviation. Trust, therefore, is essential for her to perform her job efficiently as a flight surgeon.

Yao enjoys the family environment the Air Force provides her and her family. Service members often must assist their fellow Airman to help care for their family members when they are deployed. One of her patients states "I have never had a health care professional show more interest in my health or that of my family than Dr. Yao. While I was deployed in support of Operation Enduring Freedom, my wife became ill and immediately contacted Dr. Yao. Yao helped my wife extensively. It was her quick response that helped my wife get back on her feet so she could take care of our two children".

"Dr. Yao has managed to establish an unbelievable relationship with squadron personnel", says another customer.

"Knowing that trust is key to solving many of the issues that the aircrew

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morning a pre-staged "suspicious" package was found in a parking lot, the Bangor Explosive Ordnance Department was called. Identified as a "dirty bomb," the hospital was evacuated. Not since the hospital was evacuated during the Nisqually Earthquake, Feb. 28, 2001, has the evacuation process been so thoroughly tested. It was a first for the personnel who work in the recently opened Family Care Center wing.

Fleet Hospital Bremer-

ton played a huge role in the drill as the scenario called for the main hospital's evacuation. The Patient Administration department tested the patient tracking process and every aspect of the Fleet Hospital was put to the test, including the casualty receiving area, the field pharmacy, radiology, wards, intensive care area and the operating room.

While corpsmen, doctors and nurses assigned to the Fleet Hospital pursued their roles in an emergency situation at

the portable hospital training set, the Staff Education and Training department provided valuable training to other staff members including the civilian staff. Until the hospital was evacuated at 10 a.m. training was given in many other aspects of emergency care, including putting on protective clothing and gas masks, risk management, dealing with deadly substances and the decontamination process, and anti-terrorism procedures.

"One additional benefit of the expanded role

was to observe and document our limitations as a hospital with the Fleet Hospital being "deployed, or unavailable," Danenberg said. "We identified a need for hospital-wide training, especially an update in CBR (chemical, biological and radiological) response amongst our civilian and contractor staff and core military staff. This training need (for everyone to be prepared in the worst case scenario), became a major focus with the subsequent training schedule."

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grown to be an important part of modern day military health care.

MAMC utilizes this technology in this TRICARE Region because of the far-sighted vision of the TRI-

CARE Northwest Lead Agent. Telemedicine is available at most Washington MTFs for these specialties: telepsychiatry, teleradiology and teledermatology.

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Spieker, MC.

Command support is no small part of ensuring the program has the facility and resources to excel, according to Spieker. Another factor in the decision is the number and mix of patients available in the Family Practice Clinic to provide teaching opportunities for the Residents.

Although the smallest Family Medicine teaching program in the Navy and, in fact, in the other military services as well, the Naval Hospital's PSFMR program boasts the largest number of research awards by Family Medicine Residents in any service at the annual American Academy of Family Physicians symposium."

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and their families have, she has honed her interpersonal skills to an exemplary level."

An honors graduate (Alpha Omega Alpha Honor Medical Society) of the Prizker School of Medicine, University of Chicago, she trained to

become a Family Practice MD at Travis Air Force Base in California. After her residency at Travis she had assignments at Altus AFB, Oklahoma and Wright-Patterson AFB, Ohio.

Now, she works at McChord AFB, Wash. and she is able to travel

around the world as often as time permits. Often she gets to exotic places due to the nature of her job. By speaking with her it's easy to see that she enjoys flying and helping her patients stay healthy.

She'll tell you it was an opportunity of a life-

time and her life and career dreams have come true.

Besides enjoying her job, Yao has been recognized by the Air Force as one of the Air Force's best flight surgeons. Do dreams really come true? Dr. Yao would say "yes".